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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/243,250 10/25/2000
 and claims benefit of 60/262,153 01/17/2001
 and claims benefit of 60/242,484 10/23/2000
 and claims benefit of 60/262,022 01/16/2001
 and claims benefit of 60/268,259 02/13/2001
 and claims benefit of 60/277,911 03/22/2001
 and is a CIP of 09/215,624 12/17/1998 PAT 6,528,954
 which claims benefit of 60/071,281 12/17/1997
 and claims benefit of 60/068,792 12/24/1997
 and claims benefit of 60/078,861 03/20/1998
 and claims benefit of 60/079,285 03/25/1998
 and claims benefit of 60/090,920 06/26/1998
 This application 10/045,604
 is a CIP of 09/213,607 12/17/1998 ABN
 and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919
 and is a CIP of 09/213,581 12/17/1998 PAT 7,038,398
 and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745
 and is a CIP of 09/333,739 06/15/1999 PAT 7,352,339
 and is a CIP of 09/626,905 07/27/2000 PAT 6,340,868
 and is a CIP of 09/742,017 12/20/2000 ABN
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496
 This application 10/045,604
 is a CIP of 09/616,214 07/14/2000 PAT 7,139,617
 and is a CIP of 09/815,418 03/22/2001 PAT 6,577,080
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496
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 is a CIP of 09/805,368 03/13/2001 PAT 7,186,003
 and is a CIP of 09/805,590 03/13/2001 PAT 7,064,498
 and is a CIP of 09/917,246 07/27/2001 PAT 6,888,322
 and is a CIP of 09/923,223 08/06/2001 ABN *
 and is a CIP of 09/886,958 06/21/2001 PAT 7,228,190

(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/11/2002

Foreign Priority claimed

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2/2/10

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|---|---|------------------------|---|---------------------|--------------------------|
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | | STATE OR COUNTRY MA | SHEETS DRAWING 13 | TOTAL CLAIMS 322 | INDEPENDENT CLAIMS 41 |
| Verified and Acknowledged . Examiner's Signature _____ Initials _____ | | | | | |
| ADDRESS 78823 | | | | | |
| TITLE SYSTEMS AND METHODS FOR DIGITAL ENTERTAINMENT | | | | | |
| FILING FEE RECEIVED 4749 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |